

scarcely be expected; but the chaff bears but a small proportion to the wheat. One great defect of the book is the language, which is often ambiguous, and displays an attempt at fine sentences, in which the meaning of the writer becomes so involved, as, in many instances, to be almost unintelligible.

R. E. G.

8. *Surgical Observations on the Treatment of Chronic Inflammation in Various Structures; particularly as Exemplified in the Diseases of the Joints.* By JOHN SCOTT, Surgeon to the Ophthalmic Infirmary, and Assistant Surgeon to the London Hospital. London, 1828, pp. 291, 8vo.

Mr. Scott of Bromly, is said to have enjoyed an extensive reputation for his successful treatment of diseases of the joints. The work, the title of which stands at the head of this article, is by his son, and its object is to communicate the mode of treatment so successfully employed by his father.

Mr. S. has prefixed to the essay, a short inquiry into the nature and treatment of chronic inflammation. The two essential conditions of this disease he considers to be venous congestion, and increased arterial action. Chronic ulceration of the lower extremities he says is only the termination and effect of the chronic inflammation by which it is surrounded, and in the treatment, the direct object is not to heal the ulcer, but to cure the chronic inflammation; for if this be effected the ulcer heals spontaneously. The essential remedy for this state of things is, according to our author, mechanical support, he, however, differs from Mr. Baynton, both in his mode of applying this support, and in his explanation of its *modus operandi*. It acts, he believes, by affording an uniform support to the limb, so as to prevent the veins from yielding to the pressure of their contents, and bringing about a uniform state of the circulation, or in other words, relieving the venous congestion, upon which, as we have already said, he believes the inflammation and ulceration to depend. To effect this, the pressure must of course be applied in a manner very different from that in which it is recommended by Mr. Baynton, indeed, Mr. S. says that he has often found that mode highly injurious. Mr. S. employs the *emplastrum plumbi* spread on calico, as it does not irritate the skin. "It is most conveniently made use of," he says, "when cut into slips of fifteen inches in length by two in breadth. The foot being placed at a right angle to the leg, one of the slips should be applied from the first bone of the great toe along the inner edge of the foot, around the posterior part of the *os calcis* to the first bone of the little toe; the middle of another slip should then be placed under the bottom of the *os calcis*, and its ends extended perpendicularly up on each side of the leg; the third is to be applied along the foot, parallel to the first, and overlapping the half of it; the fourth should be placed parallel to the second, overlapping the half of it, and extending perpendicularly up the sides of the leg. In this manner they should be applied alternately along the foot, and up the leg, the one holding and as it were antagonizing the other in the motions of the foot, until the whole limb is covered from the toes to the knee. Subsequently to this, a calico bandage is applied in the usual manner, first alternately around the foot and ankle, and then up the leg as high as the knee. It is necessary to be particularly careful that the plasters and bandage

be applied in such a manner that their superior and inferior edges are accurately placed in apposition to the skin, otherwise they will exert an unequal pressure, which is highly injurious. The whole should be applied with only that degree of tightness which is perfectly agreeable to the feelings of the patient, and not with a view of compressing the parts into a smaller space. In this manner every vessel in the limb will be uniformly and effectually supported.

"In respect to the time at which it will be necessary to renew the applications, that must be regulated by the quantity of the discharge, for when applied in the manner that has been described, they will remain for weeks, or even for months, without altering their position in the least.

"By adopting this mode of treatment, an ulcer on the lower extremity is placed precisely under the same circumstances in respect to the circulation, as one that has its seat on the trunk, or on the upper extremity; and will heal with equal facility."

Mr. S. has also found mechanical support as useful in the treatment of chronic inflammation of the upper as the lower extremities.

In some instances, however, the power of the arteries is so greatly reduced by long continued disease, that mechanical support is not capable of enabling them to resume their healthy action; or they may have become so habituated to the performance of morbid action, that they have no disposition to return to a healthy state, even when their turgescence has been mechanically removed; in other instances the situation of the disease or the texture of part precludes this mode of treatment. In such cases he recommends mercury. This remedy, he says, is now universally acknowledged, has the power of subduing inflammation, and that when the whole vascular system is placed under its influence, inflammatory action subsides. Sometimes, however, although the internal exhibition of mercury is productive of temporary relief, it so greatly impairs the already debilitated powers of the constitution, as to be succeeded by an aggravation of the disease. Fortunately we may get all the benefit, Mr. S. says, without any injurious effect, as when locally applied, it has the same power, according to our author, as when internally administered, and this without producing its constitutional effect.

Mr. S. next enters upon the consideration of the diseases of the joints and their treatment. We pass over his account of white swelling, (which he describes, as it attacks the synovial membranes, the articular cartilages, and the cancellous structure of the bones, and also, as it appears in the knee and hip-joint, as it contains nothing novel,) and proceed to the treatment. This he divides into constitutional and local. The former consists in the employment of active purgatives, or alteratives and aperients, according to the active or chronic state of the disease; tonics, alkalies, diet, rest, or exercise on crutches, according to the state of the disease; warm baths, dress, residence in the country or at the sea side; and full directions are given for the management of all these means.

The next and most important portion of the work is devoted to the description of the local treatment which has been so successful in the hands of his father and himself. The first condition is the absolute rest of the joint, which must be continued some time after exercise has ceased to be painful. If the

joint is in a state of more or less active inflammation, this must be subdued by topical depletion, by cups or leeches, the latter is to be preferred when the knee-joint is the seat of the disease.

Mr. Scott's experience leads him to believe, "that the probable effect of blood-letting will be better indicated by the state of the constitution, than by the activity of the local disease. In patients much emaciated, local bleeding has rather aggravated than reduced the disease; yet, subsequently, in these very patients, when their constitutional power had been improved by proper treatment, local bleeding has been distinctly serviceable. When a sufficient quantity of blood has been removed, the best application that can be immediately employed is the common bread and water poultice."

He has never found that benefit result from the use of cold applications which others have described; and he very pointedly objects to the use of blisters, the tartar emetic plaster, setons, issues, and the moxa. "The above-mentioned irritating, and sometimes very mischievous remedies, may," he says, "all be superseded by the following treatment. In the first place, the surface of the joint, suppose the knee, is to be carefully cleansed by a sponge, soft brown soap and warm water, and then thoroughly dried; next, this surface is to be rubbed by a sponge soaked in camphorated spirit of wine, and this is continued a minute or two, until it begins to feel warm, smarts somewhat, and looks red. It is now covered with a soft cerate made with equal parts of the *ceratum saponis* and the *unguentum hydrargyri fortius cum camphorâ*. This is thickly spread on large square pieces of lint, and applied entirely around the joint, extending for at least six inches above and below the point at which the condyles of the femur are opposed to the head of the tibia; over this, to the same extent, the limb is to be uniformly supported by strips of calico, spread with the *emplastrum plumbi* of the London Pharmacopœia. These strips are about one inch and a half broad, and vary in length; some are fifteen inches, others a foot, others half these two lengths, and the shorter or longer are selected according to the size of the part round which they are to be applied. This is the only difficult part of the process. This adhesive bandage ought to be so applied as to preclude the motion of the joint, prevent the feeble coats of the blood-vessels from being distended by the gravitation of their contents in the erect posture, and thereby promote their contraction. Over this adhesive bandage, thus applied, comes an additional covering of *emplastrum saponis*, spread on thick leather, and cut into four broad pieces, one for the front, the other for the back, the two others for the sides of the joint. Lastly, the whole is secured by means of a calico bandage, which is put on very gently, and rather for the purpose of securing the plaster, and giving greater thickness and security to the whole, than for the purpose of compressing the joint. This is an important point, as otherwise an application which almost invariably affords security and ease, may occasion pain, with all its attendant mischief.

"In some cases, in which the skin is thick and indolent, sufficient irritation will scarcely be excited by the above applications, and this may be promoted by rubbing on a small quantity of tartar emetic ointment previously to the application of the cerate. This, however, is rarely necessary.

"In some cases, also, it is desirable more effectually to prevent the motion of the limb, particularly in children. This may be done by applying on each